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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29100

Registration District No. 547

Primary Registration District No. 5438

Registrar's No. 230

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Rural Marion
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community 2
years, months or days

3. (a) PRINT FULL NAME Isaac R. Major 260

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 2 16 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Lucien H. Major

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Ridge

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Major

(b) Address Marion County Missouri

17. (a) Burial (b) Date thereof Aug 7 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address Hannibal Mo

19. (a) 8-7-40 (b) W.C. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Balmyra Missouri
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ year.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5
year 1940 hour 11:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

By hanging

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence Aug 5 1940

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place) (e) Means of injury _____

23. Signature James Donnell _____

Address Hannibal Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Ralph Clark, Registered Apprentice No. 242
working under my personal supervision.

Signed Harold Bellonell

Licensed Embalmer No. 3889

P. O. Address Hannibal, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.